

Medicaid Autism Waiver Provider Training

January 10, 2013

Introduction



- HB 272 2012 Legislative Session
 - Authorized Three Autism Services Pilots
- Medicaid Autism Waiver
 - Approved for children ages 2 through their 5th year
 - DSPD Operating Agency and provider of Support Coordination services (Entity that authorizes services)
 - Providers paid pirectly by Medicaid on a Fee for Services Basis

Paper Claims – CMS 1500



- Box 1. Indicate The Type Of Health Insurance
 Applicable To This Claim
- Box 1a. Insured's Medicaid ID Number
- Box 2. Patient's Name
- Box 3. Date Of Birth
- Box 21. Diagnosis
- Box 24 A. Dates Of Service
- Box 24 B. Place Of Service
- Box 24 D. Procedure Codes and Modifier
- Box 24 F. Billed Charges
- Box 24 E. Diagnosis Pointers

CMS 1500 Continued



- Box 25. Tax ID Number
- Box 28. Total Charge
- Box 30. Balance Due
- Box 32. Service Location
- Box 33. Billing Provider Information
- Box 33A. NPI Number

Provider Type



- Licensed Home Health Services (54)
- Home Health Agency (58)
- Personal Waiver Services Agent (68)

HCPCS Codes



- T1023- Intensive Individual Support- Consultation Services (Per hour)
 - Provider Type 68 (Personal Waiver Services Agent)
 - U9 Modifier must follow the HCPCS code
- T2013- Intensive Individual Support-Direct Services (Per 15 minutes)
 - Provider Type 68 (Personal Waiver Services Agent)
 - U9 Modifier must follow the HCPCS Code
- T2040- Financial Management Services (Per month)
 - Provider Type 68 (Personal Waiver Services Agent)
 - U9 Modifier must follow the HCPCS Code
- S5150- Respite Care- (Per 15 minutes)
 - Provider Type 68 (Personal Waiver Services Agent)
 - Provider Type 58 (Home Health Agency)
 - Provider Type 54 (Licensed Home Health Services)
 - U9 Modifier must follow the HCPCS Code

Timely Filing



- Providers have 365 days to submit and correct any claim errors
- Timely filing claims submitted as a replacement to a previously claim will pay up to the previous payment
- If a claim is voided and a new claim submitted, claim will deny for timely as it is not tied to the original claim
- Submit documentation to timely filing if reason for delayed submission is related to an eligibility hearing decision, OIG finding, etc.
- Submit a hearing request if any other reason

Place of Service



- Place of service editing is performed
 - Outpatient, Professional is line level

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-

Payment/PhysicianFeeSched/Downloads/Website-POS-

database.pdf



Enrollment Status/Update

- In October 2012, a total of 336 applications were received for 392 individual children
- Families of 240+ children have been contacted.
 - ~145 children have been referred to have their financial eligibility determined by Workforce Services
 - ~80 service plans have had initial planning completed

Service Planning



- DSPD's role
 - Contacted families to confirm selection
 - Requested supporting documentation to establish level of care
 - Sending cases to DWS to establish financial eligibility
 - Coordinating families' completion of Vineland II
- Face-to-face group family meetings
 - Logan, Ogden, Provo, St. George and SLC
 - Describe program and services
 - Brief individual family meetings





Service Planning

- Purpose of individual meetings:
 - Person Centered Service Plans (PCSP)
 - Mandatory Medicaid documents
 - Lists all services provided through the waiver
 - Must list amount, frequency and duration of all services
 - Payment is not authorized until the PCSP is reviewed and approved by DSPD
- Interim care plans
 - Currently only include respite and initial consultation evaluation hours

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Next Steps

- Families complete baseline Vineland II
- DSPD contacts families to discuss enrolled consultation providers
 - Provider introduction material disseminated
- Family selects provider
- DSPD contacts provider with client referral
- Provider contacts family to arrange meeting
- Provider completes baseline VB-MAPP

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Next Steps

- Provider evaluates child's individual needs and circumstances, determines best use of consultation and direct services within the budget cap. Budget cap is \$29,300/yr. (average of 90 consultation hours and 780 direct service hours)
- Provider contacts DSPD to submit authorization request for their services
- DSPD reviews and approves, updates PCSP & returns to provider (this document is your service authorization)
- Services Begin
- Provider must not exceed amount of services authorized on PCSP
 - No payment for services that exceed authorized amount



- Comprehensive report on the waiver required as part of HB 272
 - Service delivery and cost
 - Program efficacy and outcomes
 - Clinical (VB-MAPP) & parental (Vineland II)
- VB-MAPP chosen due to its acceptance throughout the provider community
 - Provides easy to interpret data without heavy time commitments on assessments
 - Barrier assessment used to document progress on behavioral issues



- Process on submission of VB-MAPP data:
 - Along with DSPD notification to provider of client referral, they will inform DoH of family's selection
 - Provider meets with family and completes VB-MAPP assessment
 - To facilitate electronic submission, staff at DoH (Kristi Hall or Josip Ambrenac) will send out a secure email to the provider including child's name and their corresponding identification number
 - Reporting sheet will include client's identifier only
 - Due to HIPAA and Privacy reasons, DO NOT re-send any correspondence which includes both the identifier and the client's name
 - All communication should be completed with issued identifier only

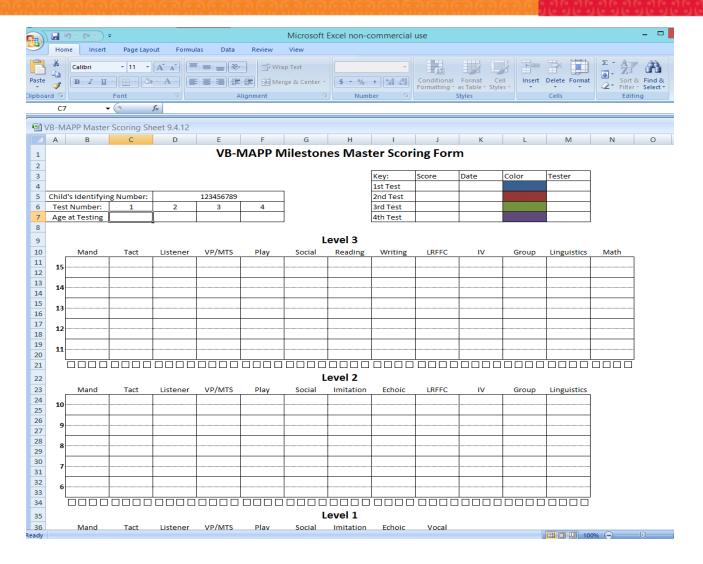


Secure email will look like:

Autism Waiver Participant Reporting Sheet Inbox x 5:00 PM (4 minutes ago) jambrena@utah.gov to me 🔻 New Secure Email Message Received from State of Utah The attached email message contains confidential information from jambrena@utah.gov at State of Utah. To protect the privacy of the information contained in this message, the contents have been encrypted and embedded in the attached SecureMessage.html file. To view the email message, open the SecureMessage.html attachment, enter your password and select **Open Message**. If this is the first secure email message you have received from State of Utah, you must complete a short registration process before reading your message. Once you have completed the registration process, select the Return to Message button and the contents of your email message will display. If you are using the Gmail[™] webmail service, you must download your SecureMessage.html file before opening it. If you have any questions about this email message, contact the help desk direct at 801-538-3440 or toll free at 800-678-3440. Thank You, State of Utah Mail Administrator









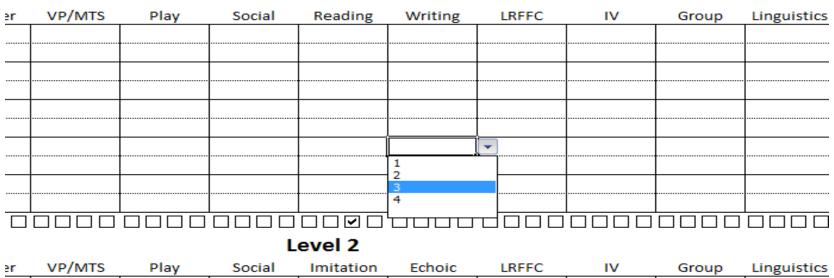
2									
	E	F	G	Н	1	J	K	L	M

VB-MAPP Milestones Master Scoring Form

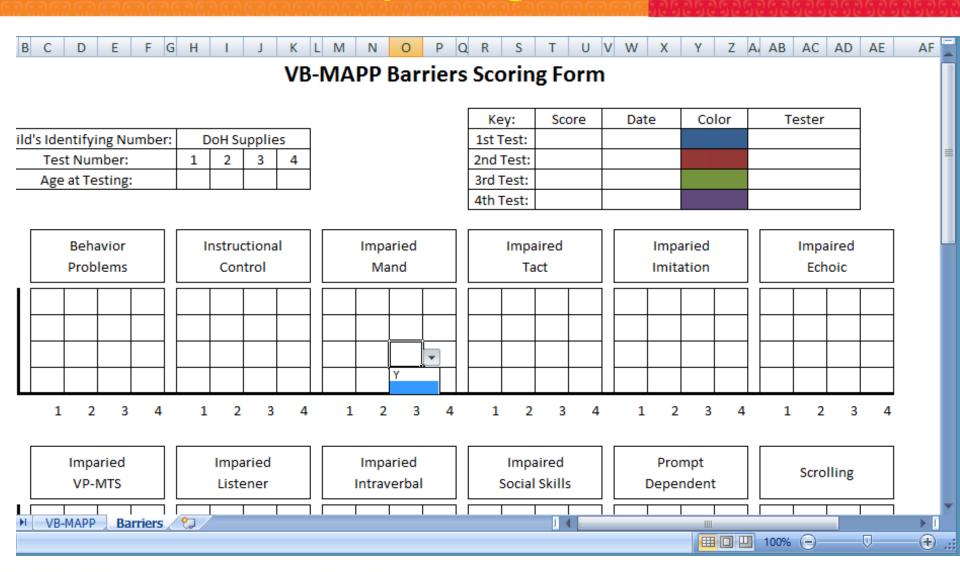
123456789					
3	4				

Key:	Score	Date	Color	Tester
1st Test				
2nd Test				
3rd Test				
4th Test				

Level 3











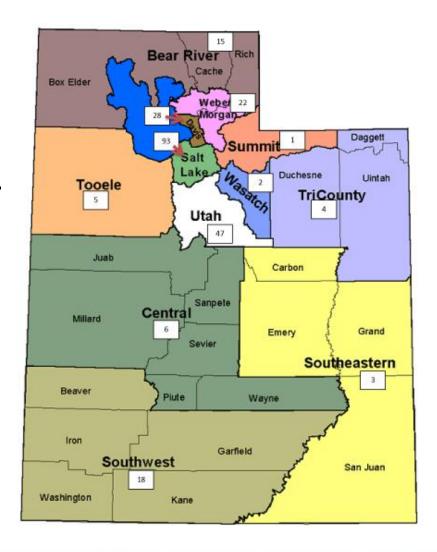
Note:

- The electronic master scoring form/barrier assessment is not to be used to replace a purchased VB-MAPP student protocol
- This is simply meant to be a mechanism to allow evaluations/assessments to be transmitted electronically
- Faxed copies will also be accepted however results may not translate in a black and white facsimile



Client Demographics

- To assure statewide access to the waiver, openings were spread across the state based on 2010 Census population figures
- 43-2 year olds; 82-3 year olds; 76 4 year olds; 33-5 year olds
- Households including application for more than one child meeting the age and diagnosis were treated as a single application – ensured that all children would be served if chosen



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Tele-Health

- What methods are currently being used?
- What software is being used?
 - How are you able to assure HIPAA Compliance?
- Will the requirement of at least 1 hour of supervision per month in person inhibit access to remote areas?

Provider Enrollment



- For providers currently under contract:
 - Families are provided materials on all contracted providers
 - Families provided with contact information, informed of options (wait for their desired provider to come under contract, or selection of who is available immediately)
- Anticipated plan as providers come under contract:
 - Provide links/information on the Autism Waiver website
 - Mass emails to enrolled families
 - Provider education materials will be added/supplied to families

Waiver Amendment Status



- Submitted to CMS in December 2012
 - Adjusts rate for direct service worker to \$28.32/hr from \$21.52/hr
 - Requirement of \$14.42 paid in the form of wages remains
- Adjusts hours from maximum of 20 hours of direct service per week to 15 hours per week
- Other administrative items may change
 - Eliminating requirement of monthly BCBA progress documentation

Waiver Amendment Status



- Response from CMS received this week
 - Additional clarifying information requested
 - Rate setting methodology
 - Units allowed per service
 - What triggered the changes
 - Information requested does not seem to indicate a concern with the new rate amount proposed



QUESTIONS

